Attorney	Docket No.	

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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Inspect Title

P.O. Box 747 \* Fells Church, Virginia 22040-0747 Telephone: (703) 205-8000 \* Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

GERMICIDAL ANTISEPTIC COMPOSITION FOR DILUTION

As a below named inventor, I hereby declare that; my residence, post office address and citizenship are as stated next to my name; that I verify believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plans) inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate	the specification of whic	h is attached i	nereto. Il not attaches	I bereto, the applica	ation is identified by the	attorney docket	number as
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney discise number as a forth above and/or the following:  Ontology 20, 2006.						
Information -	The specification was filed on October 20, 2005 United States Application Number						
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Attachedr	and amended on				and that		
	amended on					(if ag	plicable)
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,						
	amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Feder Regulations, \$1.56.						
	I do not know and of thereof, or patented or cyear prior to this application, date of this application representative or assigns patent or inventor's cert application by one or my I hereby claim fored or inventor's certificate it a filing date before that o	iescribed in a ation, that the that the inver- in any count more than to likate on this legal represer- ign priority be sted below an	my printed publication is same was not in purition has not been purity foreign to the limited months (six minvention has been futatives or assigns, expensits under Title 35 dd have also identified	on in any country of this use or on sale the steel or made the United States of Acountry for designs) filed in any country mept as follows.  I, United States Code to below any foreign as follows.	in the United States of the subject of an inventor, therica on an applicate prior to this application foreign to the United (	tion thereof or r America more 's certificate is a ion filed by me n, and that no a States of Americ	nore than than than one y ted before to my le pplication a prior to t
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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 Facsimile: (703) 205-8050

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I hereby declare that all sistements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful faise statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Mayor of Pirot be hole investor boost Name of	GIVEN NAME/FAMILY NAME	INVENTORS SIGNATURE		DATE
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	Residence (City, State & Country)	1 181 181 184 184 184 184 184 184 184 18	CITIZENSHI	
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First Wasser of Sincerood Devicesing it easy sont absorbe	Given name/family name	evventors signature		DATE*
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Pull Nator of Philad Secretion if cap: sec above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	***************************************	DATE*
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od Nuove of Sinth Zoventon, il van: zee zbovo	Given name/family name	INVENTORS SIGNATURE		DATE
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